

## ESE OPERATION READINESS CLEARANCE

**Date:** \_\_\_\_\_

### Authorization for System or Test Stand Operation when Unattended

Requested by: \_\_\_\_\_ From (org or exp) : \_\_\_\_\_

Location of the system or test stand: \_\_\_\_\_

System or test stand name and/or description: \_\_\_\_\_

\_\_\_\_\_

Date of safety review: \_\_\_\_\_

Reviewer comments: \_\_\_\_\_

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Has system or test stand been cleared for unattended operation while powered? \_\_\_\_\_

\_\_\_\_\_  
ESE Department Head or Associate Department Head